

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

STIMULANTS FOR CHILDREN

(amphetamines, atomoxetine, dextroamphetamines, lisdexsamphetamine,
methamphetamines, methylphenidates and dexamethylphenidates)

PLEASE SEE THE "ZENZEDI" FORM FOR ZENZEDI REQUESTS

Patient name: _____ Medicaid ID #: _____
Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____
Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____
Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____
Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

FAX DOCUMENTATION FROM PROGRESS NOTES TO 855-828-4992

WHEN PRESCRIBED FOR CHILDREN the only diagnoses covered are ADD and ADHD

- With a correct ICD code for patients ages 3 through 18, no prior authorization is needed for immediate Adderall IR, Dexedrine or Desoxyn. Consideration for patients under 3 requires an evaluation by a child/adolescent psychiatrist.
- With the correct ICD code for patients ages 6 through 18, methylphenidates and Adderall XR may be approved without prior authorization. Consideration for patients under 6 requires an evaluation by a primary care practitioner.

NOTE:

- Please write the child's diagnosis code on the face of the prescription
- Please see the "Zenedi" form for Zenedi requests

AUTHORIZATION:

1 year

RE-AUTHORIZATION:

A letter stating current diagnosis, current treatment and any current substance abuse issues.

09/24/2013